Application Solicitors/Peddlers License

Date:	
Permit #:_	

City of Aurora 303 Derting Road – Aurora, Texas – 76078 Phone 817.636.2783 Fax 817.636.2784 Email: cityofaurora@hotmail.com

To the best of his/her knowledge, the undersigned certifies that the information contained in this application is true and correct. The information is being furnished to make application for a license to solicit and/or peddle within the City of Aurora, Texas. Applicant hereby agrees to abide by all regulations as set forth by Ordinance of the City Council.

Applicant's Full Name: Driver's License No.: Address: Phone No.: Applicant's age: Bate of Birth: Eye Color: Ethnicity: Gender: Male Female Has applicant ever been convicted of or plead guilty to ANY crime? No If Yes, CRIME DATE OF CONVICTION/PLEA LOCATION Name of Employer: Employer's Phone No.: Address: Address:							
Address: Phone No.: Applicant's age: Date of Birth: Eye Color: Ethnicity: Gender: Male Female Has applicant ever been convicted of or plead guilty to ANY crime? Yes No If Yes, CRIME DATE OF CONVICTION/PLEA LOCATION LOCATION Name of Employer: Employer's Phone No.:	Applicant's Full Name:						
Applicant's age: Date of Birth: Ethnicity: Hair Color: Eye Color: Ethnicity: Gender: Male Female Has applicant ever been convicted of or plead guilty to ANY crime? Yes No If Yes, CRIME DATE OF CONVICTION/PLEA LOCATION Name of Employer: Employer's Phone No.:	Driver's License No.:						
Applicant's age: Date of Birth: Eye Color: Ethnicity: Gender: Male Female Has applicant ever been convicted of or plead guilty to ANY crime? Yes No If Yes, CRIME DATE OF CONVICTION/PLEA LOCATION LOCATION Name of Employer: Employer's Phone No.:	Address:						
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Has applicant ever been convicted of or plead guilty to ANY crime? Yes No If Yes, CRIME DATE OF CONVICTION/PLEA LOCATION Name of Employer: Employer's Phone No.:	Ethnicity:		Gender:	☐ Male	Female		
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Address:	Name of Employer:						

Description of item for which applicant see	ks solicitor/peddler license:			
NOTE: Applicant is required to apply for a the Texas Department of Public Safety and A copy of said background check AND per with this application. Failure to submit the in the denial of this license.	I/or Wise County Sheriff's Department. mit fee of \$50.00 should be submitted			
This license will expire on the last day of the year for which it is issued.				
Printed name of applicant:				
Signature of applicant:				
Date signed:				
FOR OFFICIAL USE ONLY				
FOR OFFICIAL	L USL ONLT			
APPROVED	☐ DENIED			
City Administrator	Date			
City Administrator	Date			